

**CITY OF SEABROOK  
PARADE, CARNIVAL, SHOW, FESTIVAL,  
SPECIAL OR COMMUNITY EVENT  
APPLICATION**

Date of Application: 8-1-2016 Name of Applicant: Robby Sabban  
 Full Address of Applicant: 3811 Hickory View Ct Friendswood TX 77546  
 Day Time Phone (832) 729-9900 Night time phone (832) 729-9900  
 e-mail address: [REDACTED]

Name of Organization, Firm or Corporation on whose behalf this application is made:  
Running Alliance Sport

Address of Organization (if different from above): P.O. Box 1482, Friendswood TX  
 City Friendswood State TX Zip Code 77549

Phone Number of Organization (if different from above): (832) 729-9900

Is the organization recognized as a non-profit organization for tax purposes? Yes

Requested Date(s) and Times of the Event:  
Sunday September 18, 2016

Location of the Event: Seabrook, Kemah Bridge

Give a brief description of the event: Start at Kemah Beachwalk run over  
The Bridge 4 times finish at the beachwalk  
Use outside lines of the Bridge

Estimated No. of Workers 50 Estimated No. of Attendees 2000

Will the event be held in a parking area? NO If so, how many parking spaces will be temporarily lost? \_\_\_\_\_

How many parking spaces are you providing for the event? None

Will any portion of this event be held on city property? If so, where?  
Seabrook Kemah Bridge

Will alcohol be served? NO If so, you are required to pay an additional deposit if you wish to serve alcohol on city property. You must also contact the Texas Alcoholic Beverage Commission.

Will admission be charged for this event? Yes

Do you want to display temporary signs or banners to advertise this event? Yes

Number of signs for this event 6 Complete the sign permit application attached to the packet. **Please note that signs may only be displayed on private property, with the property owners' permission and with a city permit. Signs are not permitted in any street rights-of-way.**

**If this event is a parade, please answer the following additional questions.**

Proposed Route (Attach Map): \_\_\_\_\_

Estimated number and kind of animals to be used: \_\_\_\_\_

Estimated number of parade participants including, animals and riders, bicycle riders, animal-drawn vehicles, floats motor vehicles, motorized displays and marching units or organizations, such as bands, color-guards, and drill teams:

\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION NEEDS TO BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION.**

This application has been reviewed by the Seabrook Police Chief or designee and the signature below verifies that adequate provisions for security have been made by the applicant.

Bryan Brand  
Print name  
Police Department Representative

8-2-14  
Date Approved

[Signature]  
Signature  
Police Department Representative

Comments: Security Provided same as  
previous years

**I have enclosed the following items as part of my application:**

1. A completed application form including approval by the Seabrook Police Department.
2. Permit fee in the amount of \$ 50.00. (Non-profit organizations may substitute a letter of request to the City Council requesting a waiver of the permit fee.
3. If event is a parade a deposit fee of \_\_\_\_\_ is included. Deposits are not waived.
4. A certificate of insurance, naming the City of Seabrook as certificate holder. This insurance provides protection of not less than \$100,000 against liability for damages to property and protection of not less than \$100,000 for protection of injury to the death of one person and of not less than \$300,000 for protection against injury to death of two or



more persons in a single accident or occurrence. (A sample certificate of insurance is enclosed.)

5. For special events, a site plan is attached as required by the Code of the City of Seabrook, Section 4.07. (See attached excerpt.)
6. For parades, a map showing the parade route is attached.

**NO APPLICATION WILL BE ACCEPTED UNLESS ALL ITEMS LISTED ABOVE ARE PROVIDED.**

As applicant, I certify that all information contained in this application is true and correct to the best of my knowledge. I state that I am fully authorized to act and contract for any persons, organizations, firms or corporations on whose behalf this application is made. As applicant for the above organization, I do contract and agree that they will jointly and severally, indemnify and hold the City of Seabrook harmless against liability for any and all claims for damage to property or injury to or death of persons arising out of or resulting from the issuance of the permit or the conduct of the participants. As applicant, I understand that I may be held liable as principal in place of the organization for the cost of cleaning or repairing city property which may have sustained damage as a result of the special event. I understand that a special events permit may be issued for no more than five consecutive days. If the permit is granted, I, as representative, agree to adhere to all city ordinances regarding the special event.


I understand that if I am applying to use a city park, community house or other city facility to hold this event, additional applications and fees will be required.

I understand that all required applications, accompanying documents and fees must be submitted to the City Secretary's Office at least 30 days prior to the date of the event, and that the event may not be held without approval of the Seabrook City Council. I have read and have agreed to the above conditions.

  
\_\_\_\_\_  
Signature of Applicant

Robby Sabban  
\_\_\_\_\_  
Printed Name of Applicant

8-1-16  
\_\_\_\_\_  
Date Submitted

		FOR OFFICE USE ONLY	
Reviewed by City Secretary	Date	<u>8-9-16</u>	
If applicable: Fire Marshal notified _____ Building Official Notified _____ City Mgr _____			
This application has been reviewed by the Seabrook City Council on _____ and has been APPROVED DENIED.			
The following conditions are placed upon this event: _____ _____			

# Sign Permit CITY OF SEABROOK

Applicant to complete all numbered spaces. Incomplete applications will not be processed.

Site Address			
1	Seabrook Kemah Bridge & under Bridge		
Sign Owner	Mail Address	Zip	Phone
2	Running Alliance sport		
Contractor/ Installer	Mail Address	Zip	Phone
3	Running Alliance sport		
Type of Sign			
4	mile markers / Directional signs		
Describe purpose of sign (ie. election, special event, etc.)			
5	mile markers identifying distance		
Directional signs informing runners of			
Directions to follow			
Project Value	Approved by		

Issuance of this permit all allows for on-site inspections during the time of construction until the time of the final inspection.

## DESCRIPTION OF SIGN

Total Height		TYPE OF LIGHTING	
Total square feet of faces of one face:		Internal Diffused	<input type="checkbox"/>
Total square feet of all faces:		Indirect	<input type="checkbox"/>
Minimum clearance beneath sign:		Neon	<input type="checkbox"/>
TYPE OF SIGN (please check all that apply)		Directly Lighted	<input type="checkbox"/>
Freestanding	<input type="checkbox"/>	MATERIALS	
Roof mounted	<input type="checkbox"/>	Foundation:	<input type="checkbox"/>
Building mounted	<input type="checkbox"/>	Sign Board:	<input type="checkbox"/>
Shopping Center ID sign	<input type="checkbox"/>	Support Structure:	<input type="checkbox"/>
Permanent	<input type="checkbox"/>	Face Material	<input type="checkbox"/>
Temporary	<input type="checkbox"/>	<b>* Signs in right-of-ways and easements are prohibited and will be removed at the owner's expense*</b>	
Conventional	<input type="checkbox"/>		
Spectacular	<input type="checkbox"/>		

\* Please attach drawings of sign specifications for permanent signs \*

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or performance of construction.

Signature of contractor or Authorized Agent	Date	8-1-16 Signature of Owner (if owner is builder)	Date
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Kemah Toughest 10K  
 Kemah, TX  
 10K Distance  
 Measured by Jay Lee 9/7/2013  
 (1 mi) = Mile split  
 Map not to scale

#### Start/Finish Details

Start and finish are at the expansion joint on the north side of the intersection of Kipp Ave and 3rd Street.



Mile 1 - First telephone pole past Swamp Shack Restaurant on Texas Ave.

Mile 2 - North bound side of Kemah Bridge even with "10th and Fry" sign opposite side of north bound traffic.

Mile 3 - South bound side of Kemah Bridge 22 feet before 3rd light pole against north bound traffic

Mile 4 - South bound side of Kemah Bridge at expansion joint between 4th and 5th light against south bound traffic

Mile 5 - North bound side of Kemah Bridge 10 feet before 2nd light from the top of the bridge against north bound traffic

Mile 6 - At front door of Cozy Cottage at 604 Kipp Ave

Robby Sabban  
Running Alliance Sport  
P.O.Box 1482  
Friendswood, TX 77549  
August 1, 2016

Meredith Brant  
1700 First St  
Seabrook, TX 77586

Dear Meredith Brant:

The Running Alliance Sport is applying for a permit to hold the 9<sup>th</sup> annual Toughest 10K, on September 18<sup>th</sup>, 2016. Running Alliance Sport is requesting a waiver from the City Council of the Permit fee.

Running Alliance Sport is a 501©3 organization, EIN number 27-3802494. All the net proceeds from our events are donated to local charities.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robby Sabban', followed by a long horizontal line extending to the right.

Robby Sabban  
Race Director





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> STAR Insurance - Fort Wayne Office 2130 East Dupont Road  Fort Wayne IN 46825		<b>CONTACT NAME:</b> Margaret M. Mayers <b>PHONE (A/C No, Ext):</b> (260) 467-5689 <b>FAX (A/C No):</b> (260) 467-5691 <b>E-MAIL ADDRESS:</b> margaret.mayers@starfinancial.com	
<b>INSURED</b> Road Runners Club of America/2016 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A</b> National Casualty Company <b>NAIC #</b> 11991 <b>INSURER B</b> Nationwide Life Insurance Co. <b>66869</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2016 \$1M A.I.

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000				12/31/2015 12:01 AM	12/31/2016 12:01 AM	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Abuse & Molestation Aggregate \$5,000,000			PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse & Molestation \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				12/31/2015 12:01 AM	12/31/2016 12:01 AM	BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)				12/31/2015 12:01 AM	12/31/2016 12:01 AM	Excess Medical \$10,000 AD & Specific Loss \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.

DATE OF EVENT(S): 10/15/16 Toughest 10k Galveston INSURED RRCA CLUB/EVENT MEMBER: Running Alliance Sport, Att'n: Robby Sabban, 3811 Hickory View Court, Friendswood, TX 77546

**CERTIFICATE HOLDER****CANCELLATION**10/15/16 City of Seabrook  
1700 First Street  
Seabrook, TX 77586

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Terry Diller/MMA

Terry R. Diller, CPCU